

## Application Data Sheet

### Application Information

Application number:: TBD  
Filing Date:: December 15, 2003  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification:: TBD  
Suggested Group Art:: TBD  
CD-ROM or CD-R?::  
Number of CDs::  
Number of Copies of CDs::  
Sequence Submission?:: No  
Computer Readable Form (CRF)?::  
Number of Copies of CRF::  
Title:: Vimentin Directed Diagnostics and Therapeutics  
for Multidrug Resistant Neoplastic Disease  
Attorney Docket Number:: 112418-147 (AUR-013US)  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 21  
Small Entity?:: Yes  
Variety Denomination Name::  
Petition Included?:: No  
Licensed US Govt. Agency:: No  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Elias  
Family Name:: Georges  
City of Residence:: Laval  
State or Province of Residence:: Quebec  
Country of Residence:: Canada  
Street of Mailing Address:: 2095 De Vouvray  
City of Mailing Address:: Laval  
State or Province of Mailing Address:: Quebec  
Country of Mailing Address:: Canada  
Postal or Zip Code of Mailing Address:: H7M 3J7

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Lucille  
Family Name:: Serfass  
City of Residence:: Montreal  
State or Province of Residence:: Quebec  
Country of Residence:: Canada  
Street of Mailing Address:: 5291 de l'Esplanade  
City of Mailing Address:: Montreal  
State or Province of Mailing Address:: Quebec  
Country of Mailing Address:: Canada  
Postal or Zip Code of Mailing Address:: H2T 2Z6

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Anne-Marie  
Family Name:: Bonneau  
City of Residence:: Laval  
State or Province of Residence:: Quebec  
Country of Residence:: Canada  
Street of Mailing Address:: 2095 De Vouvray  
City of Mailing Address:: Laval  
State or Province of Mailing Address:: Quebec  
Country of Mailing Address:: Canada  
Postal or Zip Code of Mailing Address:: H7M 3J7

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Frédéric  
Family Name:: Dallaire  
City of Residence:: Montreal  
State or Province of Residence:: Quebec  
Country of Residence:: Canada  
Street of Mailing Address:: 4683 Mentana  
City of Mailing Address:: Montreal  
State or Province of Mailing Address:: Quebec  
Country of Mailing Address:: Canada  
Postal or Zip Code of Mailing Address:: H2J 3B7

**Correspondence Information**

Correspondence Customer Number:: 23483  
Phone Number:: 617-526-6000  
Fax Number:: 617-526-5000  
E-Mail address:: james.olesen@haledorr.com

**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date ::</b>
This application	An application claiming the benefit under 35 USC 119(e)	60/433,480	December 13, 2002

**Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

**Assignee Information**

Assignee Name:: Aurelium BioPharma Inc.